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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/960,076	09/21/2001	Christopher A. Roberts	IMP 1653-002

CONFIRMATION NO. 4747

08698  
STANLEY & GILCREST LLP  
495 METRO PLACE SOUTH  
SUITE 210  
DUBLIN, OH 43017

FORMALITIES LETTER



"OC00000006940764"

Date Mailed: 10/19/2001

**NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION**

**FILED UNDER 37 CFR 1.53(b)**

***Filing Date Granted***

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 65.**

*A copy of this notice **MUST** be returned with the reply.*

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Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



COPY OF PAPERS  
ORIGINALLY FILED

Approved for use through 10/31/2002. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Section 8  
AF

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/960,076
		Filing Date	09/21/2001
		First Named Inventor	Christopher A. Roberts
		Group Art Unit	1771
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	IMP 1653-002

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeffrey C. Norris	
Signature		
Date	11/2/01	

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	Kim B. Powers	Date	November 2, 2001
Signature			

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# FEE TRANSMITTAL

## for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 65.00)

## Complete if Known

Application Number	09/960,076
Filing Date	09/21/2001
First Named Inventor	Christopher A. Roberts
Examiner Name	
Group Art Unit	1771
Attorney Docket No.	IMP 1653-002

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  
 Deposit Account Number 19-4076  
 Deposit Account Name Standley & Gilcrest LLP

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
 Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:  
 Check  Credit card  Money Order  Other

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2520	147	2520
112	920*	112	920*
113	1840*	113	1840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1390	218	695
128	1890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1510	138	1510
140	110	240	55
141	1240	241	620
142	1240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900

Other fee (specify): \_\_\_\_\_

SUBTOTAL (2) (\$ 0.00)

SUBTOTAL (3) (\$ 65.00)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Jeffrey C. Norris	Registration No. (Attorney/Agent)	42,039	Telephone	(614) 792-5555
Signature	Jeffrey C. Norris			Date	11/2/01

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